



Northeast Team Handball League
c. 2009

COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

If you have religious beliefs or practices which conflict with the NTHL Vaccine Mandate and you seek a religious exemption from the Northeast Team Handball League's COVID-19 vaccination requirement, please complete and upload this form (with supporting documentation) to the [NTHL Health Portal](#).

Confidentiality of Information Provided - All documents -- including exemption requests -- will be kept confidential.

NAME

DATE OF BIRTH

TEAM

EMAIL ADDRESS

RELIGIOUS INFORMATION

RELIGIOUS LEADER NAME

RELIGIOUS LEADER PHONE#

RELIGIOUS LEADER EMAIL ADDRESS

FOR THE REQUESTOR

Please explain -- in your own words -- the reasons for requesting a religious exemption. Please include the religious principles that guide your objection to immunization and indicate whether you are opposed to all immunizations, and if not, the specific religious reasons why you object to COVID-19 vaccinations.

FOR RELIGIOUS/SPIRITUAL LEADER

I am a religious/spiritual leader at _____ and hereby certify that the above information provided by _____ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 vaccine requirement from the Northeast Team Handball League

Religious Leader Signature: _____ Date: _____

Print Name: _____ Religious Organization: _____

FOR THE REQUESTOR

Verification and Accuracy:

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in ineligibility for all future NTHL events. I also understand that my request for an exemption may not be granted if it is unreasonable or creates an undue hardship for the NTHL.

Printed Name: _____ **Date:** _____

Signature: _____

Signature of Parent or Guardian (if under 18) _____

Printed Name: _____ **Date:** _____